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FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.—NO. II.

BY DAVID KING, JR., M.D. NEWPORT.

“What are the causes and nature of PURPURA HÆMORRHAGICA, and the best mode of treatment to be employed therein?”

[Continued from page 219.]

BATEMAN has pointed to some local visceral congestion, or obstruction, as a probable cause of the disease. This, he thinks, is in some degree substantiated by the rapidity of the attack, the acuteness of the internal pains, the inflammatory symptoms which sometimes supervene, the occasional removal of the disease by spontaneous hæmorrhage, and the frequent relief derived from artificial evacuations, by blood-letting, and purgatives. The authority of Celsus is adduced by him, to prove that hæmorrhages from the nose, gums, and other parts, were ascribed to a morbid enlargement of the spleen, by the physicians of antiquity. He relates the results of post-mortem examination in two cases of this disease; in one instance, he found the spleen enormously enlarged; in the other, the abdominal viscera were in a healthy condition; but a large morbid growth, consisting of a fleshy tumor, with a hard cartilaginous nucleus, weighing about half a pound, was found in the situation of the thymus gland, firmly attached to the sternum, clavicle, pericardium, and surrounding parts.

Dr. Parry* attributes this disease to excessive momentum of the blood, connected with general or local plethora. This doctrine of excessive momentum of the blood, as the main cause of hæmorrhage, and local determination, the author illustrates, in his work on General Pathology. In the 5th volume of the Edinburgh Medical and Surgical Journal, he relates two cases of purpura hæmorrhagica, which were accompanied with the phlogistic diathesis, and seemed to be the consequence of excessive momentum of the blood. To these cases are attached some remarks on the nature of the disease, from which we take the following passages, in order to illustrate his views. † “These cases strengthen an opinion, which I more than twenty years ago maintained,

* Elements of Pathology and Therapeutics, &c. By Caleb Hiller Parry, M.D. F.R.S. London. 1815. Vol. 1st, p. 156.

† The Edinburgh Medical and Surgical Journal, No. XVII. Article 2. Observations on the utility of Venesection in Purpura. By C. H. Parry, Physician, Bath.

and which a large subsequent experience has tended to confirm,—that in various diseases, among which may be reckoned inflammations, profluvia, haemorrhages, dropsies, exanthemata, and other cutaneous eruptions, and even the generality of nervous affections, there is one circumstance in common, which is an over-distension of certain bloodvessels, arising probably from their relative want of tone, or the due contraction of their muscular fibres." After some observations on the distinction between purpura and sea-scurvy, he concludes with the following remarks. "In the mean while, whatever may be the nature of sea-scurvy, or of purpura in general, of which every experienced medical practitioner must have seen numerous examples, there can be little doubt that the cases which I have related are to be considered as of the nature of what are called active haemorrhages; since it matters not, in a pathological view, whether febrile extravasation of blood takes place from the rupture or gaping of an artery in the cellular membrane, in the skin, or on the surface of the epithelium, in the nose, fauces, or bronchia."

The doctrine advanced by Dr. Parry was a great step towards elucidating the pathology of this disease. It was an original view suggested to the mind, after a profound study of nature. It was a startling assertion, in direct opposition to the general current of medical opinion. But whilst we admire the genius that strikes out a path of its own, and dissipates, by the power of a single great truth, a host of false and antiquated opinions, we are obliged to notice the faults and excesses with which original power is too often associated. Dr. Parry carried his doctrine of the inflammatory nature of purpura to an extreme. His error arose from too limited a view of the truth, from his attachment to that part of the truth, of which he himself was the discoverer. Hence it is to be feared, that his partial views have tended to misguide many of his followers, who needed his practical sagacity.

His explanation of haemorrhagic effusion, as resulting from excessive momentuum of the blood overcoming the capillaries, is too mechanical to coincide with the present advanced state of physiology and pathology. That organic disease of the heart sometimes produces local haemorrhage, there can be no doubt. We know that hypertrophy of the right ventricle, especially when combined with contraction of the left auriculo-ventricular orifice, has caused pulmonary apoplexy; and that hypertrophy of the left ventricle has been the cause of sanguineous effusion in the brain. But, in general, local determination of the blood is not to be traced to the action of the heart, as its source. The irritation, which causes local haemorrhage, acts primarily on the capillaries, and secondarily on the heart. In the process of secretion, a local determination of blood takes place; that local determination is not caused by the direct action of the heart, but by some natural stimulus, applied to the capillaries of the secreting organ.

Dr. Hannay,* Professor of Physic in the University of Glasgow, attributes "Purpura Hæmorrhagica" to a chronic inflammation of

the veins, verging more or less to an acute form. In three successive dissections of patients, who died of purpura, the veins exhibited obvious traces of inflammation, being in a high state of disorganization. The larger trunks were lined with a coating of purulent matter. It is probable, that future post-mortem examinations will show that inflammation of the veins is merely one of the complications of this disease.

The true manner of investigating the nature of disease, is to observe, in a large number of cases, all the important symptoms; and to ascertain, by post-mortem examination, all the morbid changes which the tissues and organs have undergone. By pursuing our investigations in this manner, we find that certain symptoms are invariably connected with certain morbid changes of structure. Hence, we are enabled to explain symptoms, to trace the sign to the thing signified, to know disease, not merely by name, but in its true pathology.

Purpura hæmorrhagica, as described by Bateman, is a rare disease. Hence originates one powerful cause to impede the advancement of our knowledge of its nature. There are two considerations, which compensate, in some degree, for the want of individual opportunity to observe and investigate the disease in its various forms. The first is the combination of effort, and the free communication of opinion, which are maintained by the periodical journals throughout the medical world. Hence results an accumulation of facts, which may serve as the basis of substantial and durable doctrines of disease. The second consideration arises from the very nature of medical study. Medicine is a study of general principles. This is the highest aim of philosophy; and in its accomplishment consists the advancement of our art. The nosological divisions of disease are the arbitrary expedients of art to facilitate study, by the classification of facts. Analogies of disease exist in nature, which are omitted in the nosological systems of our art. It is by means of such analogies, that the knowledge of one disease sheds light upon another, and facilitates its investigation. Hence, as general principles are established in medicine, a surer and shorter road to truth is opened in the investigation of new diseases.

Now in investigating the pathology of *purpura hæmorrhagica*, we shall, first, consider the morbid changes, as discovered on examination after death. In the second place, we shall appeal to those general principles of pathology, which shed light upon the leading phenomena of the disease, and furnish us, if not with immutable truth, at least with a probable and practical explanation of its nature. This result is much better than uncertainty, doubt, and ignorance. It affords us probable grounds for pathological inferences and therapeutical indications.

These general results of post-mortem examinations in this disease, we have drawn from the excellent work of Rayer, and from dissections recorded in the British Journals.

The petechiæ and ecchymoses on the surface of the body consist of effusions of blood, either in the skin, or in the subcutaneous cellular tissue. In the skin, some are found on the surface of the reticular body; others in the areolæ of the derma. The largest and deepest spots are formed by extravasations of blood in the subcutaneous cellular

tissue. The vascular ramifications, in the neighborhood of these extravasations, are not morbidly developed. The mucous membrane of the mouth, pharynx, stomach, and intestines, presents, in some points, petechiae and ecchymoses, like those upon the surface of the body. In the head, have been discovered vascular congestion, and sanguineous and serous effusions. The cerebral arachnoid membrane has been found covered with a lamina of coagulable lymph. The lungs, usually, present on their external surface a number of ecchymoses. In the intervals, the color of the lungs is natural. Under the ecchymoses, the tissue of the lungs is of a red brown color, firmer than natural, and somewhat engorged with blood. The lungs are frequently found in a congested state. Sometimes the blood is effused in the smaller bronchi, producing the circumscribed pulmonary apoplexy of Laennec*; at other times, the hæmorrhagic effusion occurs in the whole parenchyma of the lungs, constituting the true pulmonary apoplexy.† The bronchial mucous membrane has been observed to be in some cases of a dark color. Ecchymoses have been found on the surface of the heart, and under the peritoneum, the pleura, the pericardium, and the arachnoid membrane. Though the ecchymoses are most frequently found in the sub-serous tissue, yet the serous membranes, themselves, are sometimes found studded with dark livid spots. The ventricles of the heart have been found in an aneurisinal state. Enlargement of the spleen, and congestion of the liver, have also been observed. In some very rare cases, all the organs of the body, whether parenchymatous or membranous, are the seat of sanguineous effusion.

To illustrate the nature of this disease, we transcribe the following cases of purpura hæmorrhagica, with the appearances observed on post-mortem examination.

CASE I.‡—"On the 13th November, 1823, Dr. Fairbairn was called to a man, aged 24, of regular habits and robust constitution, but subject to vicissitudes of temperature, in his trade of book-binding. He complained of deep-seated pain in the left breast, aggravated by deep inspiration or coughing—breathing laborious, with sense of suffocation on attempt to stand—countenance flushed and anxious—copious discharge of dark venous blood from the mouth, apparently oozing from its mucous membrane, and partly expectorated from the lungs—numerous petechiae and vibices on the arms, neck, and trunk, varying in magnitude from a mere point to the size of a sixpence. There were none on the hands or face. On the chest and leg, of one side, there were two large livid blotches, resembling ecchymosis. These spots were of various colors—bright red, purple, yellow, but not elevated. In the mouth, similar spots occupied the gums, cheeks, tongue, and fauces. The tongue was covered with a dark fur—urine of a grumous appearance—pulse 110, firm and sharp—some heat of surface—bowels loose. Reports that he experienced depression of spirits, lassitude in the limbs, pains in the head and chest, tickling cough, chilliness and flushes, for several weeks previously.

* Rayer.

† Cazenave and Shedel.

‡ A case of Purpura Hemorrhagica, &c. By P. Fairbairn, M.D. Transactions of the Medico-Chirurgical Society of Edinburgh, vol. 2. See Johnson's Medico-Chirurgical Review, vol. x. p. 61.

On the 16th November, the petechiæ made their appearance. On the 18th, he was seized with difficulty of breathing, and fixed pain in the side. Dr. Fairbairn bled him to 26 ounces, which produced a disposition to syncope, and was followed by considerable relief. Blood not buffy—coagulum soft, and tremulous. Fifteen drops of diluted sulphuric acid to be taken frequently, in cold water. He had a restless night from turbulent dreams; but the pectoral symptoms were relieved next day. Blood still continued to ooze from the mouth, and febrile symptoms were present. Eighteen ounces of blood from the same arm exhibited the same appearances. A dose of salts, which produced a fetid, loose stool. The next day, he was again bled to 20 3, having shown symptoms of determination of blood to the head. Syncope took place, and he expired on the morning of the 21st, the sixth day after the appearance of the petechiæ."

Post-mortem examination, thirty hours after death.—“The petechial spots over the body exhibited nearly the same appearances as before death. The sides of the neck, and upper parts of the chest, were swollen and livid, and there was a feeling of crepitus with considerable œdema over the trunk. On removing the integuments from the fore and lateral parts of the chest, the cellular and muscular textures were in some places injected with blood, and emphysematous. The thorax contained about a pound of a fluid resembling blood, of a very dark color, and viscid consistence.

“The lungs were somewhat collapsed, of a dark livid appearance, and contained a bloody serous fluid, which occupied all parts equally; there was much less of feeling of crepitus throughout their substance, and the spongy texture was less observable than natural. The bronchial tubes and trachea were filled with a similar fluid; and beneath the internal coat of the latter, there was a slight effusion of dark venous blood, which tinged the membrane of a deep purple shade. Between the folds of the anterior mediastinum and pericardium, there was effused into the cellular texture a considerable quantity of very dark blood, mostly in a clotted state, amounting to several ounces by computation. The pericardium contained the usual quantity of lubricating fluid; the inner surface presented its natural, smooth, glossy texture, but it had assumed anteriorly a deep or brownish red color, from the effused blood between its layers, shining through it. The heart appeared pale and flaccid; there was no blood in any of its cavities. Under its internal membrane, particularly towards the valves of both sides, but more copious in the left, there was a similar effusion as in the trachea, giving a deep livid color to the surface of the heart, and tinging its substance to the depth of half a line or a line.

“The inside of the aorta presented an increased tint of redness, apparently from the same circumstances, without evident thickening or change of texture.

“In the cavity of the abdomen, the floating viscera were of a dark leaden color, and less vascular than natural. There were a few petechiæ on the intestines. In the ileum, there was a slight inflammation, extending for a couple of inches, where one portion of the bowel had passed within another.

"In the stomach, towards the pyloric extremity, its inner membrane was thickly studded with petechiae, whereas that portion surrounding the cardia, for about three inches, was distinctly emphysematous.

"The liver was paler than usual, and somewhat softened; its peritoneal proper coat was very easily peeled off; from its internal surface a bloody, serous fluid could be squeezed out. The spleen was of full size, and softer than usual; and when torn, effused a quantity of dark-colored matter, of a semi-fluid consistency.

"The right kidney seemed softer than natural; there was an effusion of blood under the internal membrane lining its pelvis, similar to that on the inside of the heart. The left appeared peculiarly blanched, and was also soft; but there was here no effusion. The bladder was pale and contracted, containing a few ounces of the same turbid colored urine as he had been lately passing.

"On removing the scalp, there were two large ecchymoses on each side, over the superior attachments of the temporal muscles. The brain, with its membranes, appeared quite healthy; there might be about an ounce or so of clear serum in the ventricles, and at the base of the brain.

"In the course of the dissection, it was remarked that there was a full proportion of adipose substance in every part of the body."

CASE II.*—This case was that "of a girl, 16 years of age, who came into St. George's Hospital, London, with spots of purpura on the legs, thighs, and forearms. Pulse full and frequent, tongue clean, bowels open. She had been ill nine months with repeated crops of haemorrhagic spots. Venesect. ad 3 x. To take infusion of roses and sulphate of magnesia thrice a day, and to apply a spirituous lotion to the parts. The blood was slightly inflamed. The spots began to fade in two days, and in a week afterwards returned, with blood in the urine and stools. She was then purged with calomel and sulphate of magnesia, and next day bled to eight ounces. After the bleeding, the pulse became small and very frequent, and the patient continued weak, some spots appearing and disappearing from time to time. In three weeks after entering the Hospital, she complained of severe pain, tenderness, and tension across the umbilical region—the motions being green—pulse 110, and sharp—tongue furred—skin cool and pale. Bled to 3 x., with Battley's liq. opii sed. 4tis horis. The blood was highly inflamed—pain relieved by the venesection, but still existing in the right iliac region. Repeated the venesection to ten ounces. Saline draughts, with digitalis and laudanum, were given, and she was put on a milk diet. The blood was not inflamed, but the pain and tenderness were relieved for a day, when they returned, and 16 leeches were applied. She was purged, and once more bled. In ten days from this time, she was reported free from complaint. Spots of purpura, however, continued from time to time to appear, and were always removed by mercurial purgatives. On the 12th of May, or 48 days after coming into the Hospital, she was attacked with violent pain in the occiput and back of the neck, accompanied with throbbing and some delirium, small quick pulse, dry and

* Dr. Chambers's case of Purpura Hæmorrhagica. Med. and Phys. Journal. 1826. Medico-Chirurgical Review. London. Vol. 10, pp. 230.

warm skin, furred tongue, &c. She was cupped, leached, blistered, purged, had cold to the head, and antimony and digitalis internally, but in three days she died comatose.

"On dissection, some of the convolutions of the small intestines were found agglutinated by adhesive inflammation, but no other abdominal disease. An ounce of serum was found in the pericardium. The left ventricle of the heart was dilated to nearly twice its natural size—the muscular parietes being attenuated. In the left auricle was found a morbid growth of a condylomatous nature. The mitral valve was much thicker than natural, but not ossified.

"In the head, the whole arachnoid membrane, on the upper part of both hemispheres, was covered with a lamina of coagulated lymph, the product of inflammation, and evidently the cause of death."

CASE III.*—"The patient was a little girl, 9 years of age, who had spent 6 years of that time in the West Indies, whence she lately returned. On the 1st of February, 1823, she appeared a little unwell, and on the 2d was attacked with sickness, severe pain in the epigastric and umbilical regions, some thirst and fever, tongue furred, pulse accelerated, respiration quickened, with headache, and vomiting of everything taken.

"Some calomel, colycynth, and extract of poppy, ordered to open the bowels. 3d day. Bowels not opened, but the gastric irritability much lessened. A cathartic mixture procured several fetid stools. At midday, Mr. Prethy, a very intelligent surgeon of London, was summoned to the little patient, who had still pains in the head and stomach, suffused face, tunica conjunctiva injected, insides of the hands of a dark red color, breathing frequent, with a troublesome cough, and increase of fever. Bled to six ounces. Some nitre, and antimonial powder. At this time, petechiae, of the size of pins' heads, were observed about the arms, breast, abdomen, and right leg. Upon the other leg, was a large blue spot, under the cuticle, of the size of a sixpence. Some sanguineous discharge from the labia pudendi. 4th. Had a restless night, the fever having increased; function of the lungs much impeded, threatening suffocation—great determination to the head—pulse very rapid, and hard, petechiae increased—the purple spot on the leg enlarged. Mr. Bagster saw the patient to-day, and they agreed on another bleeding, as the most likely means of preserving the head and lungs from serious injury. Ten or twelve ounces of blood were taken from the arm, which produced syncope, and apparent melioration of all the symptoms. In a few hours afterwards, the fever again got up, and Dr. James Johnson saw the patient. He recommended the exhibition of the mineral acids. In the evening, she appeared sinking, and expired at eight o'clock the next morning. The blood first drawn exhibited no serum for a space of eight hours; but after 20 hours, a small quantity of serum was apparent. One cup of the second bleeding showed a coat of coagulable lymph nearly half an inch thick, like very soft jelly, with very loose crassamentum, so tender as to be easily broken down with a spoon into a soft

pulpy mass. In this cup there was little or no serum. The other portions of blood, which, however, were not taken in a continuous stream, showed no buffy coat, and very little serum, seemingly as if the blood had become so altered as to be incapable of separating into its constituent parts.

"Post-mortem examination.—The eyelids, in addition to the parts before mentioned, were thickly studded with petechiæ, and many of a large size appeared upon the back of the trunk. The brain showed merely some increase of vascularity. In the thorax, there were adhesions in the left side, but not of recent formation. The lungs seemed loaded with blood and mucus, but their parenchymatous structure appeared sound. About half an ounce of the water in the pericardium—the external surface of the heart of a pale hue, and about twenty small petechiæ on various parts of it, more particularly at the junction of the auricles and ventricles. In the abdomen, all appeared, at first, natural, excepting the stomach, which was distended with air, and thickly spotted with petechiæ, plainly seen through its peritoneal coat. On opening this viscus, the petechiæ were still more distinct, generally about the size of split peas. No petechiæ were visible in or on the intestines."

(To be continued.)

RETENTION OF THE PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you deem this communication worthy an insertion in your Journal, you are at liberty to use it.

Mrs. ——, aged 43 years, has aborted several times since her marriage, 15 years since. I was requested to visit her in February last. On my arrival at the house, I found that labor, after the full term of utero-gestation, had commenced at 4 o'clock, P. M. February 12th, and continued until the 17th following. The labor was very severe; pains during that time "would subside, and again return at short intervals, with great severity," as I was informed. I did not see the patient until the morning of the 17th, before the birth of the child, which was on the following noon. As no pain or hemorrhage followed the expulsion of the child, nor by the usual means resorted to in order to produce contraction of the uterus, I made a slight extension of the cord, which readily came away, bringing with it a morbid portion of the placental mass. I then immediately introduced the hand into the uterus, without resistance, and grasped the placenta, which was found so firmly adherent to the fundus uteri that I could but partially detach it without producing the most excruciating distress. Deeming farther attempts to separate the placenta by force very hazardous, I abandoned the attempt, and endeavored to remove the conglut from the vagina, and arrest the hemorrhage by exciting the uterus to contraction by a rotatory motion of one hand in the uterus, and by attempting with the other to grasp the tumor externally. But all my attempts were in vain, either to arrest the flooding or harden the abdominal tumor. The abdomen was ex-

quisitely sensitive, for which I ordered lin. ol. olivæ cum terebinth. to be daily applied, which were of much advantage. As the patient fainted every ten or fifteen minutes, I gave her brandy with liquor ammonia, which removed the faintness. Gave ergot in 9j. doses every twenty minutes, until 3ij. were given; no pain—haemorrhage not abated. I then withdrew the hand, and added acet. plumbi to the ergot; waited twenty minutes, and repeated the dose. Cold water in the mean time was applied, as the tenderness of the abdomen began to subside after the application of the liniment. In twenty minutes pain commenced, and continued very severe for thirty minutes, without producing any other change than prostration of the patient. As the pain and haemorrhage threatened the destruction of the patient, I gave tinc. opii cum tinc. sulph. acid aromat. The pain and flooding very soon began to abate, with a contraction of the neck of the uterus. Fearing internal haemorrhage, the friction and liniment were resumed, and when the pain was severe, I gave powders of ergot, acet. plumbi et opii, which, when given, allayed the pain, with hardening of the abdominal tumor and expulsion of coagula. After the bowels were first freely evacuated, they were kept in a soluble state by electu. senna et tart. potas. cum soda. The febrile excitement was combatted with acidulated drinks—with powders of ipec. camph. et nitras potass. by day, and Dovers's powders, with tart. antimo. by night.—In consequence of the putrescent state of the placenta, which came away piecemeal daily, for twelve days, chlorid. soda was used, and with the most happy effects.

Up to the time I am writing, both mother and child are doing well.

HIRAM PARKER.

Lowell, May 4, 1837.

OPACITY OF THE CORNEA CURED BY BELLADONNA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following communication is from the pen of Dr. Prather, of St. Louis, a gentleman eminent for professional attainments, and for correct habits of observation. Please give it an insertion in your valuable Journal, and oblige

Yours truly,

Boston, May, 1837.

E. J. D.

Dr. Davenport. Dear Sir:—By your request I send you a few particulars of the case which I mentioned to you.

On the 4th Sept., 1836, I was consulted by Mr. S. for a defect of vision. On examination I found the visual powers of the left eye irretrievably lost, by the destruction of the cornea, &c. In the right eye, lymphatic deposits, of the inferior and internal three fourths, or a little more, of the cornea, had entirely destroyed its transparency, and the remaining portion of it was so much clouded that the rays of light could pass through it but imperfectly. There was every mark of ulceration having passed through the cornea in the inferior and internal portion (a

short distance from the axis of vision), to which portion the iris was permanently attached. This latter membrane showed indubitable evidence of former inflammation. In consequence of which, and of the attachments to the cornea, the pupil was considerably contracted, and of an oval shape, so much so as to confine it behind the opacity of the cornea and destroy vision in a bright or clear light, and make it very imperfect under the most favorable circumstances, even when the pupil was most dilated. The pupil could only be seen through the more transparent part of the cornea, and showed considerable irritability of the iris from its contracted state under the influence of a strong light, which contributed considerably to impair the vision. He could see to promenade the streets only on a cloudy day or after the setting of the sun. His health was good, temperament sanguine.

The history he gave of his case was as follows. About four or five years since he was attacked with variola, which was severe, and followed by inflammation of the eyes. This raged with great violence for some time, under very mild treatment. Additional advice having been procured, the treatment was made more energetic, and in some considerable degree abated the inflammatory action. But not having obtained relief, some two or three months after the ophthalmic attack, and after blindness had existed for some time, he applied to a quack in the neighborhood, who applied "strong plasters" to both eyes, which destroyed a part of the globe, and consequently vision, of the left eye, and improved that of the right to the condition as above described—no alteration, as he says, having taken place from that time until I saw him.

Treatment.—Two indications were manifest; either to remove the obscurity of the cornea, or make an artificial pupil by enlarging the naturally contracted one; and a third might succeed, viz. to destroy the attachments between the iris and cornea. To enable me to make an election, I applied the extract of belladonna externally around the eyelids. It had but little effect in dilating the pupil, but what dilatation took place was in a favorable direction towards the clear portion of the cornea, and consequently improved his vision. I continued it for several days, then discontinued it. The pupil reassumed its former position, and the power of vision returned. In consequence of the improvement of vision from its application, the pressure of professional business at that time, and the hope that extension of the parts might make a change, I directed him to continue the application every night, and let it remain till morning—to live on a light diet, and take a dose of Cook's pills every other night (these pills are composed of equal quantities of calomel, aloes and rhubarb). This prescription he continued 8 or 10 days, when, to my astonishment, I observed that the obscurity of the cornea had disappeared from the absorption of the depositories in that membrane, and particularly in those portions which were the least opaque, and at the inferior union of the cornea and sclerotica, which latter change enabled me to observe some slight enlargement of the sanguinary vessels passing from this portion of the sclerotica to the opacity. I divided them with a cataract knife. Ordered the same prescription to be continued. In four weeks he was able to read large print and write legibly; when

he made a visit to a neighboring village, remained 4 or 5 weeks, discontinued the prescriptions, and lived on the most gross diet. On his return he could see to read with facility any print, and write legibly. The irritability of the iris had disappeared, and the pupil remained more dilated. The obstructions in the cornea had regularly and progressively become less and less, notwithstanding the discontinuance of all treatment, and much indulgence in improper food. A short time after his return, he left for the South, to commence business.

Some may suppose that the dieting and the pills might have been the principal agent. This is settled by his having repeatedly made trial of the same course without the extract of belladonna.

Yours, most respectfully,

J. V. PRATHER.

St. Louis, Mo., March, 1837.

POISONING WITH LEAD.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Most of your readers are probably familiar with the statements on record respecting the deleterious effects of the oxides of lead, when received into the human stomach, and perhaps many facts may have come under their own immediate observation, in the routine of daily practice; which though deemed unworthy of publication, were to them highly instructive. A few such have come within my own range of observation, and one of them was a matter of personal experience. The story is as follows:—

The family in which I boarded had stewed a considerable quantity of pears, which they had put in the common red earthen pots of this country. Of this fact I was not, however, aware, and ate very freely of the pears, much more so than the rest of the family. After several days, I thought I observed a sweetish taste to them, but as I did not suspect they were kept in earthen, I continued to eat them. Presently my mouth began to be sore, and subsequently my throat. Still I did not for two or three days suspect the cause. At last, one evening as I was eating of the pears, and observing their sweetish taste, the thought struck me that they might be poisonous. On examining the jar in which they were kept, I found that the glazing was off in several places; and in a few, to a considerable extent. I now had little doubt that I was poisoned by acetate of lead, formed by the chemical combination of the acid with the metallic substance of the glazing.

But I will be a little more particular in my description. The soreness of my mouth was preceded by considerable thirst, especially at evening; a thing quite unusual with me. Then followed a general redness, tenderness, and ultimately a deep soreness of nearly the whole mouth and fauces. The inflammation, however, was greatest under my tongue. My appetite was not affected, nor my general thirst increased; it was constantly a little greater at evening. Almost every sort of food, except of the mildest kind, such as rice, gave me pain, both by its

presence in the mouth and by the heat and smarting it occasioned. My mouth was usually more dry in the morning than at evening, though the thirst was rather less. Sometimes there was a temporary salivation, and a slight (if I mistake not) metallic taste. There was, for four or five days, an almost constant feeling of constriction of the mouth, especially of the lips, which I was prompted frequently, and, as it were, involuntarily, to extend. The roof of the mouth was very little affected at all; and none with this sense of astringency.—The soreness of the mouth continued more than a week, after which it gradually diminished, and at length disappeared. Only one of the rest of the family (four in number) appeared to be affected. She had a slight redness about the region of the palate, for one or two days.

No other troublesome symptom appeared during the whole time, except a degree of lientery, accompanied with an unusual irritability of the first passages, and occasional, sometimes severe, pains in the stomach. Nor am I sure that the pain in the stomach was not aggravated by imagination. The healthy state of the bowels was restored a day sooner than that of the mouth. The contraction of the lips and the desire to stretch or extend them continued till the mouth was quite well.

There were no other causes to which I could trace the affection I have described, which could have been half adequate to its production. I had not for some time previous departed in any considerable degree from my usual habits of diet, &c. which are extremely simple, except in the following respects. I had once or twice eaten of some peas not quite boiled; and once of a very small quantity of maple sugar.

If any of your readers should wish to make further inquiries in regard to the case, or if any should doubt whether the symptoms could have been produced by the cause I have supposed, I hope they will not hesitate to express their opinions or suggest their doubts.

Yours truly,

W. A. A.

Boston, May 5, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 17, 1837.

CURTIS ON THE EYE AND EAR.

COPIES of plates representing the anatomy of these important and complicated organs, well colored, and as accurately drawn as they well can be, have been forwarded by the author, Mr. J. C. Harris, aurist, to Mr. Ticknor, medical bookseller and publisher, Boston. One plate, a diminished copy of a very common illustration by Sir Charles Bell, of the course of the great sympathetic nerve, accompanies the commission. Although it purports to show the intimate connexion existing between apparently remote parts, it also endeavors to explain derangements of the nervous apparatus, the frequent cause of deafness and blindness.

However, this is all fustian to a well-read surgeon, who would as soon think of consulting the structure of the spiracula of a honey bee, as these diagrams, with reference to an operation. It is pretty certain there is nothing new presented in them, though there may be much, for aught we know, in the text, worth the attention of American physicians.—Not having had an opportunity of examining it in detail, we are totally unable to give an opinion of the value of Mr. Curtis's physiologico-pathological facts,—a copy not having been placed at the disposal of the Journal, which was an oversight in the author, as, for a general rule, no work can be noticed in its pages, which is not at hand by way of constant reference. Beside, it is not unfrequently the case that strangers, calling in, are desirous of viewing new publications which are spoken of in a medical periodical, before they purchase. They like to ascertain the quality of the paper, the character of the type, and inspect the plates,—a very natural and commendable sort of prudence. One of the most ready methods of introducing a publication to the profession, is to forward specimens to all the medical periodicals as soon as possible. Unless this course is adopted, the sale will generally be unnecessarily slow and tediously productive.

GENERAL SPECIES AND ICONOGRAPHY OF RECENT SHELLS.

FOREIGN as the subject of the following remarks will be found to be from the immediate consideration of medical science (the theme in which we are exclusively interested, for a general rule, in these pages), there is a pleasure in making a departure, in this paragraph, from the graver topics of the healing art, to speak in terms of warm approbation of the industry of a fellow townsman, whose contributions in the department of natural history are deserving of particular acknowledgment. We allude to Dr. Storer's translation of "General Species and Iconography of recent Shells, comprising the Massena Museum, the collection of Lamarck, the Collection of the Museum of Natural History and recent Discoveries of Travellers, by L. C. Kiener, &c." Although it is supposed by this gentleman that several years will be required to complete the translation, owing to the slow manner in which the original is received in this country, in the sequel there will probably be eight volumes, of three hundred pages each. It is proposed to continue the labor of translation, should there be sufficient encouragement to meet the expense of printing, and afford each number of *one hundred and fifty* pages, large octavo, at \$1,50 a number. The work of M. Kiener, proposed to be liberally supplied, however, with costly drawings, will cost, when delivered in the United States, *one hundred and eighty-seven dollars*.

Knowing that very many medical gentlemen are enthusiastically devoted to the study of conchology, and fully believing it would be a welcome kind of intelligence to them to be apprised of the appearance of a publication, which, for accuracy and scientific value, has perhaps never been equalled in any language, we shall consider it wholly unnecessary to apologize further, for this departure from ordinary topics. Mr. W. D. Ticknor, Washington Street, is the publisher.—It is opportune to mention, in connexion with his name, that he has now a good selection of medical works on the shelf; and new ones, of recent European origin, are constantly arriving in the Liverpool packets.

American Skulls.—It has been announced that Dr. Samuel G. Morton, of Philadelphia, is collecting materials for a work to be entitled *CRANIA AMERICANA*, in folio, with from twenty-five to thirty plates, having two engravings of a natural size on each sheet. It is further said that Dr. Morton has in his possession one hundred and forty skulls; sixty-three belonging to American tribes of Indians, but only twenty-three of them are of North American origin.

Without knowing anything of the particulars of the plan which the author has in view, we take the liberty of inviting him to Boston, where he will find the largest collection of human skulls in the United States. In the Phrenological Society's cabinet, there is a craniological treasure. In the private collections of several gentlemen of the city, there are also heads worth examining. We can ourselves point out the location of many that are entitled to the first place in the contemplated work. Of the monumental skulls, taken from the western tumuli, Dr. Morton should make himself familiar. Only last week, *nine very rare heads*, and *five mummies*, arrived here, from Peru, whose very dresses, in a fine state of preservation, owing to the saltpetre in which they were buried, show the exact condition of the economical arts in South America more than one thousand years ago.—But as we are preparing a paper upon this subject, its contents cannot with propriety be anticipated here.

Operation of Lithotomy.—April 1st.—This day we witnessed Dr. Dudley's one hundred and thirty-ninth operation of lithotomy. The subject was a boy, between six and seven years of age, from East Tennessee. We have assisted this distinguished operator in some fifteen cases, and have seen, altogether, about twenty patients cut for stone in the bladder, and so extraordinary are the circumstances that attended this unusually interesting case, that we fear the public will be slow to credit our report. A dozen professional gentlemen of Lexington can testify, that the boy was untied in forty seconds from the time the first incision was made. The manly little fellow did not manifest, during the time, the slightest want of fortitude, or utter a murmur. The calculus was of a flattened-ovate, inclined to triangular, figure, and apparently of the fusible variety of Wollaston. It was one and a half inches in its largest diameter, one and a quarter in breadth, and five eighths of an inch thick, and weighed three hundred grains. We promise a more full account, in the next number of the *Journal*, of this gentleman's recent operations.—*Trans. Jour.*

Convulsions of Children.—It is well known, that children of various ages, but especially while they are under six or eight years, are liable to convulsions from causes which are far from being obvious, and that the first attack is often fatal. Worms, constipation, a surfeit or plethora with cerebral determination, is generally assigned as the immediate cause of the attack. An emetic, the lancet, and a tepid bath, are commonly the first remedies. But during the convulsion, the child cannot swallow; blood-letting, as we know from experience (however far it may be carried), will not always secure a favorable termination; and the value of a tepid bath, appears to us to be greatly overrated. Discouraged as to a reliance on these means, we lately resolved on a course somewhat the reverse. Being hastily called to a little girl four years old (whose sister had expired of convulsions in the bathing tub the year before, imme-

dately after venesection), we found her in violent spasms. A warm bath had been prepared, but in place of it, we resorted to the cold dash, and in less than a minute perfect relaxation, with quiet of the muscular system, was the consequence. Lest the sinuses of the brain should have become engorged, we drew a moderate quantity of blood, and then gave repeated enemata. Still further, after the patient was able to swallow, we administered an emetic. Nothing, however, was discharged from the alimentary canal, that indicated a morbid state of its contents, and it seemed to us that the victory was won by the cold water alone. It is to bear testimony in favor of this practice (not suggested as new), that we have thought the case entitled to publication.—*West. Med. Jour.*

Transylvania Medical School.—The Transylvania Medical Journal, which has just come to hand from Lexington, Ky., contains a brief notice of the recent occurrences in the above-named school. It is stated that a full investigation of the state of the college has been made, the full result of which is not yet known. Dr. Caldwell, however, has been dismissed, and the faculty temporarily dissolved. They were to meet again the latter end of April, to re-organize a faculty. No delay in the operations of the school is anticipated.

Great Ascitic Effusion.—A case of ascites is related by Dr. J. B. Beall, of Missouri, in the Western Medical Journal, in which the patient was tapped ninety-six times during the last three or four years of his life, and serum to the amount of 275 gallons was drawn off.

Cure for Tetter.—Dr. Savardan, in a communication in the *Jour. des Connaiss. Med. Chirurg.* for January, 1836, boasts of having obtained great success in the treatment of tetter (dartres), by an ointment composed of one part of the sulphuret of lime and eight parts of lard. This ointment is rubbed on the affected part with the palm of the hand, for a quarter of an hour, morning and evening.—*Amer. Jour. Med. Science.*

Miscellany.—Isaac Newton Slocombe, a medical student from the United States, who has been about one year in England, recently died at Kingston, in consequence of injuries received in a street squabble with one William Bayne.—Considerable excitement was made the other day in Church street, New York, by the discovery of two hands and part of a human face, which were afterwards ascertained to have dropped from a cart in which the effects of a surgeon were being removed to another location.—The Censors of the Suffolk Med. District will meet at No. 25 Winter St. on the 25th inst., for granting licenses.—At the late meeting of the Boston Medical Association, Dr. Higginson was chosen Secretary, in the place of Dr. Storer, who resigned.—The Ulema have consented to the proposition of the Sultan of Turkey, to introduce the study of practical anatomy, with the proviso that none but the bodies of Christians and Jews should be used in the dissecting rooms.—Broom-seed, in the form of tincture, is recommended as a remedy in dropsical affections, in a pamphlet by the late Dr. Richard Pearson, one of the physicians of the Birmingham Hospital, England.

The Report of the New Haven County Medical Society on the subject of irregular practitioners is received. It is our intention to insert it entire in the Journal, as soon as we have room.

DIED.—In Windfield, Herkimer, Co. N. Y., Dr. Zedina M. Ball, aged 60.—At Natchitoches, Lou., Dr. John Sibley, aged 85, formerly of Worcester Co., Mass.—In Norwich, Ct. Dr. John Turner, aged 73.

Whole number of deaths in Boston, for the week ending May 12, 31. Males, 20—Females, 11. Inflammation on the lungs, 5—dropsy on the chest, 1—infantile, 1—scarlet fever, 1—croup, 1—sudden, 1—abscess of the pleura, 1—disease of the heart, 1—disease of the spine, 1—pleurisy, 2—burn, 1—anæmia, 1—syphilis, 1—hernia, 1—cancer, 1—spasms, 1—ulcers on the lungs, 1—intermittent fever, 1—hemorrhage, 1—Inflammation of the bowels, 1—dropsy on the heart, 1—drowned, 1.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral disarrangements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

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OCT. 5—6M

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

APRIL 12—3T

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

MARSHALL S. PERRY, M.D.

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TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

Boston, Oct. 7, 1836.

tf—Oct. 19

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